



**The California Managed Risk Medical Insurance Board**  
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**Board Members**  
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## **MESSAGE FROM THE HEALTHY FAMILIES PROGRAM**

# **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW  
YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

## **THE PRIVACY OF HEALTH INFORMATION**

Each individual's health information is protected under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) and under state laws when they are stricter than HIPAA. These laws require the Healthy Families Program to keep protected health information private except under certain circumstances, and to provide this Notice of our legal duties and the privacy practices we use to protect health information.

## **HOW HIPAA DEFINES PROTECTED HEALTH INFORMATION**

The law defines protected health information as individually identifiable health information that is created, received, sent or maintained by us. It is information that identifies an individual in some way and relates to his or her past, present or future physical or mental health or condition; the provision of health care to him or her; or the past, present, or future payment for that individual's health care.

## **HOW WE MAY USE AND DISCLOSE INFORMATION**

The law permits the Healthy Families Program to use and disclose an individual's protected health information in order to see to it that he or she receives treatment, in order to pay the program's share of treatment costs, and for health care operations. The examples below show how we may use and share health information for these purposes.

1. **For treatment:** The Healthy Families Program may use an individual's protected health information to ensure that an individual enrolled in the Program receives medical treatment or services. For example, a provider, such as a doctor or hospital, might check to see whether that individual is actually enrolled in the Healthy Families Program. When you enroll your child in the Healthy Families Program, we

share that enrollment information with the health plan that you select so that providers can verify that treatment may be provided to your child under the Program.

**2. For payment:** The Healthy Families Program may use and disclose an individual's protected health information to others for purposes of making payment for treatment and services that those individuals receive. For example, on a monthly basis, we pay the health plan that you have selected for your child. When we pay the health plan, we also give it a list identifying the individuals for whom we are paying. To make sure we have paid the plan correctly, we may obtain a record of your protected health information from the company that administers the Healthy Families Program for us (our third party administrator) and share that information with the health plan to make sure our records and those of the health plan are in agreement.

**3. For health care operations:** The Healthy Families Program may use and disclose protected health information for operational purposes. For example, we may share the protected health information of individuals enrolled in the Program with others who evaluate our Program for us through consumer surveys. We may also use this information in connection with determining eligibility, conducting audits, for processing appeals, and for general administration of the program.

The Healthy Families Program may use the protected health information you provide to us to contact you about health-related benefits that may be of interest to you.

## **OTHER USES AND DISCLOSURES WITHOUT WRITTEN PERMISSION**

The Healthy Families Program is required to share an individual's protected health information with the United States Secretary of Health and Human Services in connection with an investigation to determine our compliance with the law. In addition, the Healthy Families Program may make uses and disclosures of an individual's protected health information without written permission as follows:

**As required or permitted by law:** The Healthy Families Program may use and disclose information about an individual as required or permitted by law. For example, we may use and disclose information about an individual for the following purposes:

- In the course of any judicial or administrative proceeding in response to a subpoena or pursuant to an order of the court or an administrative law judge;
- To report information related to child abuse or neglect; and
- For a law enforcement purpose to a law enforcement official.

**NOTE:** The Healthy Families Program does not collect information on the immigration status of parents/guardians who are not seeking health coverage for themselves. This program cannot and will not provide information on the immigration status of such parents to the INS.

**Public health:** An individual's protected health information may be used or disclosed for public health activities such as assisting public health authorities or other persons to prevent or control disease or injury.

**Health and Safety:** An individual's protected health information may be used or disclosed to prevent a serious threat to the health or safety of a person or the public.

**Individuals who have died:** Protected health information about individuals who have died may be disclosed to funeral directors or coroners to enable them to carry out their duties.

**Health Oversight:** The Healthy Families Program may disclose protected health information to a health oversight agency for oversight activities authorized by law such as determining compliance with program standards.

**Specialized Government Functions:** The Healthy Families Program may disclose protected health information for specialized government functions. For example, the Healthy Families Program may share protected health information relating to an individual's eligibility with the Medi-Cal Program because of the Single Point of Entry system which coordinates enrollment functions for the two programs.

**Research:** The Healthy Families Program may use or disclose an individual's health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established procedures to ensure the privacy of health information and has approved the research.

**Benefit Programs for Work-Related Injuries:** The Healthy Families Program may disclose protected health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

## **OTHER DISCLOSURES MAY BE MADE WITH WRITTEN PERMISSION**

The Healthy Families Program will not make any other disclosures of an individual's protected health information unless the individual or his or her parent or guardian who has authority to act on his or her behalf has given written permission. The person who gave written permission has the right to take it back in writing at a later time in order to stop any future disclosures.

## **YOUR PRIVACY RIGHTS**

- **Right to Request Restrictions on Disclosures:** An individual or his or parent or guardian who has authority to act on his or her behalf has the right to request restrictions on certain uses and disclosures of protected health information; however the Healthy Families Program is not required to agree to those requested restrictions. These requests may have to do with the use or disclosure of protected health information to carry out treatment, payment or health care operations, or to the disclosure of the information to a family member, other relative, or close personal friend when the information is important to that person's involvement with the individual's care or payment related to that care.

- **Right to Request Confidential Communications:** An individual or his or her parent or guardian who has authority to act on his or her behalf has the right to request that the Healthy Families Program make contact only in writing or at a different address, post office box, or telephone number. We will honor reasonable requests if you say it is necessary to protect the individual's safety.
- **Right of Access to Protected Health Information:** An individual or his or her parent or guardian or personal representative who has authority to act on his or her behalf has the right to look at and get a copy of information which the Healthy Families Program has about the individual. We may charge you a small amount for copies to cover our costs. We may deny your request for reasons allowed by law, but if we do, our denial may be reviewed under certain circumstances.
- **Right to Request that Protected Health Information be Corrected:** An individual or his or her parent or guardian who has authority to act on his or her behalf has the right to ask that information in our records be changed if it is not correct or complete. We may refuse this request if the information was not created by the Healthy Families Program or if we believe that the information is correct and complete. You may request a review of our refusal and you may send in a statement disagreeing with our decision. The Healthy Families Program will keep this statement with your records.
- **Right to Receive Information about our Disclosures:** When we share protected health information about an individual for reasons other than treatment, payment, or health care operations (and certain other reasons stated in the law), that individual or his or her parent or guardian who has authority to act on his or her behalf has the right to request a list of the parties we shared the information with, and to ask when, for what reasons, and what information was shared.
- **Right to Receive a Paper Copy of this Notice on Request:** You have a right to receive a paper copy of our Notice of Privacy Practices at any time upon request.

The Healthy Families Program must obey the terms of this Notice of Privacy Practices. However, we have the right to make a change in our privacy practices and apply it to all the records in our possession. If we do make changes, we will revise this Notice and send it promptly to persons who are then in the Healthy Families Program.

## HOW TO EXERCISE YOUR PRIVACY RIGHTS

If you would like more information about how to exercise the privacy rights explained in this Notice, or have questions about this Notice and want further information, please call or write us at:

**Privacy Officer**

**Managed Risk Medical Insurance Board  
1000 G Street, Suite 450  
Sacramento, CA 95834  
(916) 324-4695**

**PLEASE NOTE:**

**The Healthy Families Program does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, provider, or health plan.**

**HOW TO FILE A COMPLAINT**

If you believe that your privacy rights are violated after April 14, 2003, and you wish to complain, you may file a complaint in writing with our Privacy Officer at the address above

**Or**

by contacting the Secretary of the United States Department of Health and Human Services at the address and phone numbers below:

**Secretary of the U.S. Department of Health and Human Services  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102**

For additional Information, call:

**(800) 368-1019**

or

**U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)**

or

**(866) 788-4989 TTY**

**NO RETALIATION**

**The Healthy Families Program will not take away your health care benefits or retaliate against you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.**